



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

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| Policy No. DOC 4.5.10 | Subject: LEVEL OF THERAPEUTIC CARE |
| Chapter 4: FACILITY/PROGRAM SERVICES | Page 1 of 4 |
| Section 5: Health Care for Secure Facilities | Effective Date: May 1, 1998 |
| Signature: /s/ Bill Slaughter, Director | Revision Date: April 18, 2006 |

I. POLICY

The Department of Corrections will provide the appropriate level of offender health care services consistent with national correctional healthcare standards and ensure that clinically appropriate procedures are performed by qualified health care providers.

II. APPLICABILITY

The secure facilities that include Riverside and Pine Hills Youth Correctional Facilities, Montana State Prison, Montana Women's Prison, Treasure State Correctional Training Center, and the private and regional facilities contracted to the Department of Corrections.

III. REFERENCES

- A. *ACA Standards for Juvenile Correctional Facilities, 2003*
- B. *Standards for Health Services in Juvenile Detention and Confinement Facilities, 1995*
- C. *National Commission on Correctional Health Care Standards for Health Services in Prisons, 2003*

IV. DEFINITIONS

Medical Director – The physician designated by the Department director to oversee the health care of all offenders under Department jurisdiction.

Medical Review Panel (MRP) – A group of health care professionals that includes the medical director, at least two additional health care providers (one of whom must be a physician), and the Department managed care RN, all of whom are designated to review complex health care requests and cases, protested denials of care, and general issues relevant to offender health services and managed care.

Health Care Staff – Includes licensed health care providers and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

V. DEPARTMENT DIRECTIVES

Medical care and treatment is prioritized by levels with specific authorizations for each level:

A. Medically Mandatory: Level 1

The Department routinely provides Level 1 care to all offenders.

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1. Definition: Care that is essential to life and health without which rapid deterioration may be an expected outcome and where medical/surgical intervention makes a significant difference in outcome.
2. Examples include, but are not limited to: acute problems, potentially fatal, where treatment prevents death and/or significant morbidity and may allow full recovery (e.g., appendectomy for appendicitis, arterial and venous lacerations, myocarditis, myocardial infarction, major head injury, eclampsia, etc.).
3. Authorization: In an emergency situation, any health care staff may authorize care and intervention.
4. Medically mandatory care is usually urgent or emergency care, is initiated by medical personnel at the time of intervention, and is routinely authorized, provided and paid for by the Department.

B. Presently Medically Necessary: Level 2

The Department may provide Level 2 offender care subject to periodic utilization review and authorization.

1. Definition: Care without which the offender may have significant risk of progression of serious deterioration of the condition, or significant reduction in the chance of possible repair after release, or without such care would result in significant pain or discomfort.
2. Examples include, but are not limited to:
 - a. chronic condition, usually progressing to death, or where treatment improves life span and/or quality of life (e.g., medical management of insulin dependent diabetes mellitus, surgical treatment for treatable cancer, medical management of asthma, moderate to severe hypertension, surgical treatment of significant degenerative orthopedic disease, or cardiac pacing).
 - b. supportive care such as pain management and hospice-type care for the end stages of diseases such as cancer or AIDS.
 - c. acute non-fatal conditions where treatment may allow a return to a previous state of health including, but not limited to, medical treatment of various infectious disorders, surgical repair of an incarcerated hernia, acute gall bladder disease, relocation of dislocated joints, or repair of a corneal laceration.
3. Authorization: Only the medical director and managed care RN may authorize surgeries and major durable medical equipment; in addition, the medical director or primary care physician may authorize medical treatments that are medically necessary.
4. When not an emergency, authorization should undergo review by the medical director and managed care RN for approval and, in general, would be provided and paid for by the Department.

C. Medically Acceptable but Not Medically Necessary: Level 3

The Department will determine the provision of Level 3 services on an individual, case-by-case basis.

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1. Definition: Care for non-fatal conditions where treatment may improve the quality of life for the patient.
2. Examples include, but are not limited to: routine non-incarcerated offender hernia repair, and treatment of noncancerous skin lesions.
3. Authorization:
 - a. Acute/On-site - medical and surgical procedures and therapies which can be appropriately completed on premises in a routine clinic setting and are within the skills of the health care provider may be provided if recommended by the chief facility health officer.
 - b. Chronic/Off-site - off-site procedures, treatments, and/or therapies for chronic diseases if clinically indicated by the medical director or attending practitioner will be referred to the Department medical director for approval prior to authorization.

D. Limited Medical Value: Level 4

The Department will not usually provide Level 4 offender care.

1. Definition: Care that may be appropriate for certain individuals but may have limited benefit or is not likely to produce substantial long-term gain. This includes treatment of minor conditions where treatment may only decrease recovery time, provides little improvement in quality of life, and/or offers minimal palliation of symptoms, and/or is primarily for the convenience of the individual.
2. Examples include, but are not limited to: elective procedures (e.g., tattoo removal, nasal septoplasty, circumcision) or minor conditions (e.g., common cold, aphthous ulcers, etc.)
3. Authorization: Will be reviewed by the Department medical director but generally will not be authorized by the Department, as lack of this level of care does not apply to the basic health of an offender.

E. General

1. The Department medical director must review any recommended elective medical or surgical procedures or therapies. However, if a delay in treatment would cause irreparable harm, significant risk, or fail to comply with sound medical principles, the review may be conducted after treatment has been initiated but, in such instances, the medical director should be notified as soon as possible.
2. The levels of care are general guidelines for providing diagnostic evaluation, therapies, and procedures. In some cases, additional factors may be considered in deciding whether the Department will provide a given procedure or therapy.
3. Offender access to care as well as diagnosis and appropriate treatment by qualified medical personnel is an essential right, and is not abridged by this policy.
4. Any provider or offender may request review of a denial by the Department medical director through the Medical Review Panel.

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5. The medical director, or designee, after consultation with appropriate medical and legal personnel, will be the final authority in all review appeals.

VI. CLOSING

Questions concerning this policy should be directed to the Department medical director.